

CRR-0200 (Rev 5/06)
TOBACCO LICENSE
RENEWAL APPLICATION



GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 49728
ATLANTA, GA 30359

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|--|------|--|-----------------------|-----------------------|------------------------|
| | | | | RENEWAL FOR YEAR | |
| | | STATE TAXPAYER IDENTIFIER | TOTAL FEE | LICENSE NUMBER | |
| | | | | | |
| DBA (IF DIFFERENT THAN LEGAL BUSINESS NAME) | | | | | |
| LOCATION ADDRESS (LINE 1) | | | | | |
| LOCATION ADDRESS (LINE 2) | | | | | |
| CITY | | | | STATE | ZIP CODE |
| AREA CODE TELEPHONE | | | | COUNTY | |
| OWNERSHIP TYPE | | FEI NUMBER | | GA WITHHOLDING NUMBER | |
| | | | | | |
| RELATIONSHIP SECTION | | | | | |
| TYPE | NAME | | HOME/LOCATION ADDRESS | | SOCIAL SECURITY NUMBER |
| | | | | | |
| TOBACCO LICENSE SECTION | | | | | |
| LICENSE TYPE | | WHAT WERE YOUR GROSS SALES OF TAXABLE CIGARS, CIGARETTES, SMOKELESS TOBACCO AND LOOSE TOBACCO FOR THE PREVIOUS LICENSE YEAR? | | | |
| | | | | | |
| SIGNATURE SECTION | | | | | |
| <p>NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT ALL QUESTIONS ARE ANSWERED FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN AND THAT ANY FALSE ANSWERS AND STATEMENTS HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH WOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTION CONTAINED IN THIS APPLICATION, OR ANY PERSONNEL STATEMENT WHICH IS MADE A PART OF THIS APPLICATION, SUCH CHANGE MUST BE REPORTED AS AN AMENDMENT TO THIS APPLICATION AS SPECIFIED BY REVENUE DEPARTMENT REGULATIONS. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSE FOR THE REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. INDICATE HERE THAT THIS IS FULLY UNDERSTOOD. IF THERE HAS BEEN A CHANGE IN THE ABOVE INFORMATION DURING THE PAST YEAR (EXCEPT FOR MAILING ADDRESS), DO NOT CHANGE THIS FORM. THIS INCLUDES OWNERSHIP, FINANCIAL, CONTRACTUAL, BUSINESS, OR ANY OTHER BENEFICIAL INTEREST. IN SUCH CASE YOU MUST OBTAIN FROM THE DEPARTMENT AND RETURN AN APPROPRIATE APPLICATION FORM. YOUR SIGNATURE ON THIS RENEWAL APPLICATION FORM CERTIFIES THAT YOU HAVE PREVIOUSLY FURNISHED ALL REQUIRED INFORMATION AND THAT SUCH INFORMATION IS STILL TRUE AND CORRECT.</p> <p>I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 30%; text-align: center;">_____ Signature (Must be signed by owner, partner, or authorized officer of corporation; stamped signature not acceptable)</div><div style="width: 30%; text-align: center;">_____ Title</div><div style="width: 30%; text-align: center;">_____ Date</div></div> <p style="margin-top: 10px;">I hereby certify that _____ is personally known to me, that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;">THIS ____ DAY OF _____, 20____.</div><div style="width: 35%; text-align: center;">_____ NOTARY PUBLIC</div></div> | | | | | |